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Secretary of State

03-02-1999 90175 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725312

1. Corporation Name
FLORIDA SEED ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443	3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/18/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1618977
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSWALD, JACK 3913 HWY. 71 GREENWOOD FL 32443	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jack Oswald* DATE: 1-21-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, RICHARD	1.2 NAME	
STREET ADDRESS	13690 SW 248TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, JONATHON	2.2 NAME	VP
STREET ADDRESS	3680 COUNTRY PLACE BLVD.	2.3 STREET ADDRESS	Steve Seaton
CITY-ST-ZIP	SARASOTA FL 34233	2.4 CITY-ST-ZIP	P.O. Box 616766
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Orlando, FL 32861
NAME	ADAMS, HOWARD	3.2 NAME	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1118 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33970-1118	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, JACK	4.2 NAME	
STREET ADDRESS	P.O. BOX 39 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD FL 32443	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, PAUL	5.2 NAME	
STREET ADDRESS	6331 EMERALD BAY CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908-5080	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, RODNEY	6.2 NAME	
STREET ADDRESS	RT. 10, BOX 526J	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Oswald* DATE: 1-21-99 DAYTIME PHONE #: 850-594-4721

CR2E037 (1/198)